

CLAIMS ONLY

Application Number

**"Filing" Date**

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS        | AS FILED<br>2/27/06 |         | AFTER FIRST AMENDMENT |         | AFTER SECOND AMENDMENT |         |
|---------------|---------------------|---------|-----------------------|---------|------------------------|---------|
|               | Indep.              | Depend. | Indep.                | Depend. | Indep.                 | Depend. |
| 1             |                     |         |                       |         |                        |         |
| 2             |                     |         |                       |         |                        |         |
| 3             |                     |         |                       |         |                        |         |
| 4             |                     |         |                       |         |                        |         |
| 5             |                     |         |                       |         |                        |         |
| 6             |                     |         |                       |         |                        |         |
| 7             |                     |         |                       |         |                        |         |
| 8             |                     |         |                       |         |                        |         |
| 9             |                     |         |                       |         |                        |         |
| 10            |                     |         |                       |         |                        |         |
| 11            |                     |         |                       |         |                        |         |
| 12            |                     |         |                       |         |                        |         |
| 13            |                     |         |                       |         |                        |         |
| 14            |                     |         |                       |         |                        |         |
| 15            |                     |         |                       |         |                        |         |
| 16            |                     |         |                       |         |                        |         |
| 17            |                     |         |                       |         |                        |         |
| 18            |                     |         |                       |         |                        |         |
| 19            |                     |         |                       |         |                        |         |
| 20            |                     |         |                       |         |                        |         |
| 21            |                     |         |                       |         |                        |         |
| 22            |                     |         |                       |         |                        |         |
| 23            |                     |         |                       |         |                        |         |
| 24            |                     |         |                       |         |                        |         |
| 25            |                     |         |                       |         |                        |         |
| 26            |                     |         |                       |         |                        |         |
| 27            |                     |         |                       |         |                        |         |
| 28            |                     |         |                       |         |                        |         |
| 29            |                     |         |                       |         |                        |         |
| 30            |                     |         |                       |         |                        |         |
| 31            |                     |         |                       |         |                        |         |
| 32            |                     |         |                       |         |                        |         |
| 33            |                     |         |                       |         |                        |         |
| 34            |                     |         |                       |         |                        |         |
| 35            |                     |         |                       |         |                        |         |
| 36            |                     |         |                       |         |                        |         |
| 37            |                     |         |                       |         |                        |         |
| 38            |                     |         |                       |         |                        |         |
| 39            |                     |         |                       |         |                        |         |
| 40            |                     |         |                       |         |                        |         |
| 41            |                     |         |                       |         |                        |         |
| 42            |                     |         |                       |         |                        |         |
| 43            |                     |         |                       |         |                        |         |
| 44            |                     |         |                       |         |                        |         |
| 45            |                     |         |                       |         |                        |         |
| 46            |                     |         |                       |         |                        |         |
| 47            |                     |         |                       |         |                        |         |
| 48            |                     |         |                       |         |                        |         |
| 49            |                     |         |                       |         |                        |         |
| 50            |                     |         |                       |         |                        |         |
| Total Indep.  | 4                   |         |                       |         |                        |         |
| Total Depend. | 30                  |         |                       |         |                        |         |
| Total Claims  | 34                  |         |                       |         |                        |         |

May be used for additional claims or amendments

|               | *      |         | *      |         | *      |
|---------------|--------|---------|--------|---------|--------|
|               | Indep. | Depend. | Indep. | Depend. | Indep. |
| 51            |        |         |        |         |        |
| 52            |        |         |        |         |        |
| 53            |        |         |        |         |        |
| 54            |        |         |        |         |        |
| 55            |        |         |        |         |        |
| 56            |        |         |        |         |        |
| 57            |        |         |        |         |        |
| 58            |        |         |        |         |        |
| 59            |        |         |        |         |        |
| 60            |        |         |        |         |        |
| 61            |        |         |        |         |        |
| 62            |        |         |        |         |        |
| 63            |        |         |        |         |        |
| 64            |        |         |        |         |        |
| 65            |        |         |        |         |        |
| 66            |        |         |        |         |        |
| 67            |        |         |        |         |        |
| 68            |        |         |        |         |        |
| 69            |        |         |        |         |        |
| 70            |        |         |        |         |        |
| 71            |        |         |        |         |        |
| 72            |        |         |        |         |        |
| 73            |        |         |        |         |        |
| 74            |        |         |        |         |        |
| 75            |        |         |        |         |        |
| 76            |        |         |        |         |        |
| 77            |        |         |        |         |        |
| 78            |        |         |        |         |        |
| 79            |        |         |        |         |        |
| 80            |        |         |        |         |        |
| 81            |        |         |        |         |        |
| 82            |        |         |        |         |        |
| 83            |        |         |        |         |        |
| 84            |        |         |        |         |        |
| 85            |        |         |        |         |        |
| 86            |        |         |        |         |        |
| 87            |        |         |        |         |        |
| 88            |        |         |        |         |        |
| 89            |        |         |        |         |        |
| 90            |        |         |        |         |        |
| 91            |        |         |        |         |        |
| 92            |        |         |        |         |        |
| 93            |        |         |        |         |        |
| 94            |        |         |        |         |        |
| 95            |        |         |        |         |        |
| 96            |        |         |        |         |        |
| 97            |        |         |        |         |        |
| 98            |        |         |        |         |        |
| 99            |        |         |        |         |        |
| 100           |        |         |        |         |        |
| Total Indep.  |        |         |        |         |        |
| Total Depend. |        |         |        |         |        |
| Total Claims  |        |         |        |         |        |